

**Houston Department of
REPORT
Health and Human Services**



HEAT-RELATED ILLNESS

Please provide the following information on heat-related illness victims:

- 1) Reporting facility: _____
- 2) Attending physician: _____
- 3) Facility contact phone number: (____) _____ - _____
- 4) Patient name: _____

*Last**First**Middle Initial*
- 5) Patient's date of birth: ____/____/____
- 6) Patient's race / ethnicity _____
- 7) Patient's gender: _____
- 8) Patient's home address: _____

*Street**City**Zip Code*
- 9) Patient's phone number: (____) _____ - _____
- 10) Parent / contact (if child): _____
- 11) Patient's occupation: _____
- 12) Date of admission: ____/____/____
- 13) Date of onset of symptoms: ____/____/____
- 14) Date of discharge: ____/____/____
- 15) Outcome: (circle) Recovered
Recovered with serious sequelae
Died (date of death: ____/____/____)
- 16) Patient's medical record number: _____
- 17) Diagnosis (please include ICD-9 or ICD-10 codes and E-Codes if available): _____
- 18) Patient's core temperature at time of admission: _____
- 19) Circumstances surrounding event::

Circle all that apply:

No air-conditioning available _____

Air-conditioning available but not used _____

Air-conditioning available but out of order _____

Outdoor _____

Activity involved when symptoms occurred _____

Live alone _____

Other _____
- 20) Patient's chronic illnesses: _____
- 21) Patient's current medications: _____
- 22) Other contributory factors: _____

Please report this information as cases occur by fax or phone to:
HDHHS Bureau of Epidemiology
713-794-9181 (phone)
713-794-9182 (fax)

Office use only: Date Rcvd: _____

Rcvd by: _____

Km: _____

CT: _____